BOARD OF PAROLE HEARINGS

INTERPRETER'S INVOICE

		Statement of Se	ervices Rendere		
Send invoice to: BOARD OF PAROLE HEARINGS P.O. BOX 4038 SACRAMENTO, CA 95812-4036			PAROLEE/INMATE: CDC Number: Location & time of hearing:		
			Language Prov	<i>r</i> ided:	
Date of Service	Liescontion of Service Rendered		Type of Hearing: □Lifer □Revocation □ Revocation Extension □ MDO □ SVP		Hours
					III AAA AA
					AND
		*			GAN MARIANTAN AND AND AND AND AND AND AND AND AND A
	li li				
1997 (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994) (1994)	ndin delikalah kasa sasta dalah dan menumum menum pelatah pelatah pelatah pelatah sasi kasa berbahan berbahan P				
	100 100 100 100 100 100 100 100 100 100				MAN, p
I hereby certify that the hours, date of service and the description of the service rendered as set forth above are true and correct.			**************************************	Total hours	
				Hourly rate	
				Total billing	
nterpreter's (Signa	iture)	CONTROL OF THE CONTRO	DEPARTME	NTAL APPROVAL:	
Name	· · · · · · · · · · · · · · · · · · ·	this is the second of the seco	NOT THE PER TOTAL		÷
Address					
City	State	Zip	Signature		
S.S. Number / Certif	fication Number (If Appropriate)	TANKA MARANA	Title		
Date			Date	naganing a same and an analysis and a same and an analysis and a same and a s	